U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Control Number(s)

REEXAMINATION - PATENT OWNER POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

02-23-1998 Filing Date(s) Ulf Dahl First Named Inventor Title **Data Security System** Patent Number 6,321,201 **Examiner Name** Edward R. Cosimano

90/011,364

A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer attorney(s) or agent(s) to prosecute the proceeding(s) identified above, business in the United States Patent and Trademark Office connected to identified above, and to transact all business in the United States Patent and Trademark Office connected to identified above, and to transact all business in the United States Patent Practitioner(s) Name Practitioner(s) Name Practitioner(s) Name Practitioner(s) Name OR The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Inventor, having ownership of the patent being reexamined. OR Signature Signature	At C. J
A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer attorney(s) or agent(s) to prosecute the proceeding(s) identified above, business in the United States Patent and Trademark Office connected to the Please recognize or change the correspondence address in the United States Patent Practitioner(s) Name Please recognize or change the correspondence address for the above-identified reexamore than one may be changed only if they are merged proceedings) to be: The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone The inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Owners.	ntified reexamination proceeding control numb
Practitioner(s) Name Please recognize or change the correspondence address for the above-identified reexamence than one may be changed only if they are merged proceedings) to be: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Felephone am the: Inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	and to transact all 34802 nerewith: gent(s) to prosecute the proceeding(s)
The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR The address associated with Customer Number: OR Sity Country Telephone Individual Name Inventor, having ownership of the patent being reexamined. OR Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	Registration Number
City State Country Telephone Email am the: Inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	
country elephone Email am the: Inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	
elephone Email am the: Inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	Zip
am the: Inventor, having ownership of the patent being reexamined. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed SIGNATURE of Inventor or Patent Own	
Signature 11/1/1	
	er la
lame Timo Aittola	Date 3/11/2011
Title and Company Chief Financial Officer, Protegrity Corporation NOTE: Signatures of all the inventors or patent owners of the entire interest or their representat	er la

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.